

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS Residential and Outpatient Programs Compliance Branch Request for License / Certification Extension

California Health and Safety Code Section 11834.01(a) and the Alcohol and/or Other Drug Program Certification Standards Section 3045(b)(1) require all licensed and/or certified providers of alcohol and other drug services, respectively, to request extension of the license and/or certification every two years. Chapter 5, Title 9 California Code of Regulations Section 10529(a) (2) and Alcohol and/or Other Drug Program Certification Standards Section 3050 specifies the items to be provided in order to have the license and/or certification extended. This document is a request for an extension of your license/certification. Please review the following information and note any changes. This document must be received by ADP no later than the date that your license or certification expires or your license and/or certification will be terminated. NOTE: Changes to any of the following program information require submission/attachment of supporting documents and approval from the Department of Alcohol and Drug Programs: Legal Name and Facility Address; A change in Program Target Population and Increase in Program Capacity. This form may be returned via fax, e-mail, and/or mail. Any fees if applicable (i.e. license fees, civil penalties, etc.), must be submitted via mail to the Department. Please print your responses.

Department of Alcohol and Drug Programs Residential and Outpatient Programs Compliance Branch 1700 K Street, Third Floor Sacramento, CA 95814-4037 Telephone Number: (916) 322-2911 Fax Number: (916) 322-2658 E-Mail Address: ropcb@adp.state.ca.us Have there been any changes since previous license/certification was issued? Residential Nonresidential Yes No Yes No		License	and/or Certification N	umber:		
Email: Contact Person: Administrator Name: Director Name: Phone: Type of Organization: Profit Corporation Sole Proprietor Nonprofit Corporation Partnership Governmental Entity Type of Service(s) Provided: Residential Nonresidential Co-Ed Dual Diagnosis Familes Residential Detoxification Day Treatment Men only Women only Elderly Residential Only: Residential Only: Residential Only: Residential/Outpatient Certification: (Please attach) Line Item budget Program Service (Activities Schedule) Staffing data Signature Title Date				Phone	e:	
Contact Person: Administrator Name: Director Name: Phone: Phone: Ph				Fax:		
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Administrator Name: Director Name: Phone:	Email:					
Type of Organization:	Contact Person:			Phone		
Type of Organization: Profit Corporation Sole Proprietor Nonprofit Corporation Partnership Governmental Entity Type of Service(s) Provided: Target Population: Residential Qutpatient Go-Ed Dual Diagnosis Familes Residential Detoxification Day Treatment Men only Women only Elderly Parents/Children # Youth/Adolescent Residential Only: Residential/Outpatient Certification: (Please attach) Treatment/Recovery Capacity: Line Item budget Total Capacity: Program Service (Activities Schedule) Date of current fire clearance: Staffing data Signature Title Date Print Name: Date	Administrator Name:			Phone) :	
Profit Corporation	Director Name:			Phone	e:	
Profit Corporation						
Residential	, , ,	roprietor Nonprofi	t Corporation ☐ Part	nership	mental Entity	
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Residential Only: Treatment/Recovery Capacity: Total Capacity: Date of current fire clearance: Signature Print Name: When completed, send to: Department of Alcohol and Drug Programs Residential and Outpatient Programs Compliance Branch 1700 K Street, Third Floor Sacramento, CA 95814-4037 Telephone Number: (916) 322-2911 Fax Number: (916) 322-2958 E-Mail Address: ropcb@adp.state.ca.us Residential/Outpatient Certification: (Please attach) Line Item budget Program Service (Activities Schedule) Staffing data Have there been any changes since previous license/certification was issued? Residential Nonresidential Yes No Yes No Official Use Only - ADP Review Application Receipt Date Postmark Reviewed By Fees Paid \$	☐ Residential Detoxification	_ ,	_	. – .	_ ,	
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ADP FORM # 5085-D. Revised 08/03			Fees Pa	aid \$´		